POSITION		NO.	DATE
FEE DETERMINATION	Wh		4/16/01
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	MA	830	05·17·0
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✔	.... Rejected	N	.... Non-elected
=	.... Allowed	I	.... Interference
—	(Through numeral)... Canceled	A	.... Appeal
÷	.... Restricted	O	.... Objected

Claim		Date		Claim		Date		Claim		Date
Final	Original			Final	Original			Final	Original	
	1				51				101	
	2				52				102	
	3				53				103	
	4				54				104	
	5				55				105	
	6				56				106	
	7				57				107	
	8				58				108	
	9				59				109	
	10				60				110	
	11				61				111	
	12				62				112	
	13				63				113	
	14				64				114	
	15				65				115	
	16				66				116	
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	19				69				119	
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	22				72				122	
	23				73				123	
	24				74				124	
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	26				76				126	
	27				77				127	
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	29				79				129	
	30				80				130	
	31				81				131	
	32				82				132	
	33				83				133	
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	36				86				136	
	37				87				137	
	38				88				138	
	39				89				139	
	40				90				140	
	41				91				141	
	42				92				142	
	43				93				143	
	44				94				144	
	45				95				145	
	46				96				146	
	47				97				147	
	48				98				148	
	49				99				149	
	50				100				150	

If more than 150 claims or 10 actions
staple additional sheet here

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